

to the death ; and we are of opinion that Dr Parkin may be too sanguine in some of his anticipations regarding the use of his antidote. But we cordially recommend his book as a performance of great merit, and we shall expect much information from Part II. when it appears.

Clinical Manual for the Study of Clinical Cases. Edited by JAMES FINLAYSON, M.D. London : Smith, Elder, & Co.

IT has at last dawned upon the professorial mind that for the purpose of educating the embryo practitioner in clinical work, something more is needed than a rapid gyration round a medical ward at the head of a motley mob, or the dealing out of scraps of systematic knowledge on the patient's disease, under the delusion that this is clinical instruction. As the outcome of this discovery, we have had the tutorial classes, long established in the Edinburgh University, coming more into vogue throughout our medical schools ; and as a result of such, this praiseworthy *Clinical Manual for the Study of Clinical Cases* has been sent out by some of the teachers in the Glasgow school.

It is well to know that there are some things that a medical student can be taught, and some that he cannot. During his student life he can only be shown the best way to investigate disease, and the principles underlying the methods so used ; and this can be enforced by the display of typical cases. It is this clinical "seed corn" that he bears away in greater or less quantity, according to his diligence and opportunities, when his *alma mater* sends him from her portals qualified, legally at least, to grapple with disease.

The manual now under consideration has been published in order to facilitate and systematize the student's clinical studies, and the production of such a work is a decided step in the right direction.

The five gentlemen whom Dr Finlayson has associated with him have each taken up the consideration of the part that they were most fitted to treat of—a better arrangement than if the entire work had fallen upon one writer. The result is, on the whole, good, although patchy and unequal.

The first chapter, by Professor Gairdner, on the Physiognomy of Disease, written in his usual genial style, is valuable from its suggestive character. The student, in addition to learning a good deal from it, will find himself stimulated to observe for himself, and to store up much knowledge concerning physiognomical diagnosis, incommunicable to any one, but which will be of use as a help in the recognition of many cases.

The chapters which follow on Temperature, Pulse, Examination of the Skin, of the Organs of Special Sense, and so on, are good and useful. The section on the sphygmograph is meagre in its

statements, and wants entirely any explanatory text. Thus, the student is simply told what are the chief parts to be recognised in a pulse tracery; but what is the cause, so far as is known of the various waves, is not stated. The student accordingly cannot fully appreciate the force of a "dicrotic pulse tracing," seeing that the cause of the normal tidal wave is not given.

We are disappointed with the section on the circulatory system. We expected that the part allotted to cardiac murmurs would have been the best in the book, considering that it has had the benefit of Professor Gairdner's supervision.

The chapter on the normal sounds of the heart is by no means full, and omits one important fact at least, to say nothing of the omission of all reference to the cause of the sounds. The important fact omitted is, that previous to the ventricular contraction the blood is flowing quietly from the auricle into the ventricle. As we shall afterwards see, this fact explains the so-called "ventricular-diastolic murmur" following the second sound.

The nomenclature adopted is confusing. Thus, "auricular systolic," "ventricular systolic," and "ventricular diastolic," are the general terms employed. The "auricular systolic" murmur, however, is also a "ventricular diastolic" one, so that the terms lack precision.

Then, again, all murmurs are said to run "up to" or "off from" the various sounds, never to replace them. Of course the pre-systolic murmur runs up to the first sound; but so far as hearing is concerned, the "aortic regurgitant and mitral regurgitant murmurs," for example, *replace*, as a general rule, the second and first sounds respectively.

As the result of all this confusion, we get murmurs associated in terminology which are entirely different in causation. A notable instance of this is seen in the description of the so-called "ventricular diastolic" murmur. Under this term there is comprised the well-known aortic regurgitant due to deficiency of the semilunar valves, so that we get a murmur replacing the second sound. The other murmur given is said to follow the second sound, and to be due to blood passing from the auricle. It is really caused by the blood flowing through a stenosed mitral orifice, previous, as we have already said, to the real auricular systole. It is never a loud murmur, and as it occurs during the formation of the second sound, the latter obliterates, so far as hearing is concerned, the first part of the murmur; and, accordingly, it seems to follow the second sound just as it would seem to follow the cessation of any other loud noise made in its vicinity. It is therefore a presystolic murmur, and should not be associated with the aortic regurgitant at all.

By far the most unsatisfactory and meagre part of this manual is the section on disorders of the female organs. It is, indeed, difficult to see on what plan Professor Stephenson has proceeded. The diagnosis of pregnancy is considered before any description of

“pelvic examination” is given, so that the student is supposed to make a vaginal examination before he is told how to do it. The remarks on the diagnosis of pregnancy are vague. It is quite true that “the diagnosis of pregnancy in the earlier months is difficult.” It is not impossible, however. At the second month a careful bimanual examination will reveal a quite distinct enlargement of the uterus; and this, associated with sudden amenorrhœa for two months, will, in the great run of cases, lead to the discovery of the woman’s true state. There is nothing more culpable, and yet more common, than deferring the anxieties of an unmarried woman until the pachydermatous tympanum of the practitioner vibrates to the foetal heart. If he practises a careful bimanual in all his pelvic examinations, he will soon know an unimpregnated uterus from one at the second or third month of pregnancy, and thus rise above the level of a “midwife.” The most serious faults are, however, in the description of a pelvic examination. Many valuable cautions are omitted, and a good many unnecessary ones put in. Thus, the student is told that when he introduces his finger into the vagina, the “perineal and vaginal constrictors will contract slightly, but will soon again relax.” Apart from this unnecessary parade of doubtful anatomy, it is in reality a good maxim for the student to keep in mind, that if he feels any such muscular contraction, the sooner, for his own reputation and his patient’s modesty, he withdraws his finger the better. After overcoming this spasm, however, he is next told to note various points about the cervix, as if observations on the vaginal walls were of no use, and vaginal fistulæ and tumours quite beneath his notice. He is then informed that fæces in the rectum will give a feeling of resistance in the posterior wall. We thought hitherto that one diagnostic of fæces was their pitting on pressure; but we are always learning in this world. It is too bad, however, for the writer to ignore the fact that the rectum passes to the left side, as well as to dismiss the important method of bimanual examination in four and a half lines, ending with the remark, that “in this manner the size and position of the uterus may be determined.”

The practical instructions for passing the sound are about the worst possible. Too little stress is laid on the previous moulding of the curve of the sound to that of the uterine cavity, and the student is told not to use it if there is a suspicion of pregnancy, whereas he should never employ it if the woman has passed even one period. Then it is certainly better to pass the sound with the left hand and not with the right; and only to pass it after a careful bimanual examination is made. This last most important point is never mentioned indeed. Finally, the diagnostic value of the sound is understated, and some methods of employing it, hardly suitable for students, advised.

We could in the same way show that the directions for the introduction of the speculum are even worse than those for the sound; but to point out all the errors in this section would

encroach too much on space and patience. If it were re-written by a conscientiously contradictory critic, it would be a really valuable part of the book. We are sorry that this most important branch of the student's knowledge is so imperfectly gone into. The other sections on Insanity, the Nervous System, Respiratory System, etc., etc., are all excellent, and will prove of great value to the student. In a work like this, where so many writers have had a share, equality of excellence is not to be expected; but we can honestly say, that most of it is as much above the average as the rest is below, and that the student will find the former of the utmost help to him in his ward work.

Sore Throat, and its Nature, Varieties, and Treatment. By PROSSER JAMES, M.D., M.R.C.P. Third Edition. London: J. & A. Churchill.

A WELL got up little volume, the last edition of which was published in 1865, this one being delayed owing to the illness of the author.

The first chapters treat of the nature and varieties of sore throat, their diagnosis and treatment.

When describing remedies, Dr James enlarges on the use of aconite, on the whole, we are inclined to think, a little egotistically; notwithstanding which, many good and useful hints to the practitioner will be found under the heading of treatment.

In dealing with croup and diphtheria, chap. ix., the author does not allow of the anatomical differences between these diseases which the general school of pathologists so strongly adhere to at the present day.

Dr James evidently feels aggrieved at the manner in which some of his therapeutic proposals have been met, and the acceptance these identical methods of treatment have received, especially when hailing from Germany; *e.g.*, when writing of the use of steam inhalation in throat diseases, accompanied by exudation, we find the following:—"I ought perhaps to feel the more satisfied, since this is only one out of several instances in which my teaching has passed over to Germany, and having there received what we must perhaps call the official stamp of this generation, has been afterwards adopted at home."

The latter portion of the book treats of the soft palate, tonsils, pharynx, and larynx—the latter, however, by no means fully.

On the whole, although there is much good material in the work, there is not much really new; nor perhaps could we hardly expect otherwise, inasmuch as the author is constantly pointing out—rather too frequently, we think, for pleasant reading—how he had recommended or urged the use of such and such a mode of treatment twenty years ago.

Accompanying the letterpress is a set of twelve lithographic illustrations of laryngeal disease, by no means the worst part of the work.

Domestic Medicine and Hygiene; being a Short Account of the more Common Diseases, their Causes and Treatment, written in plain language. By WILLIAM J. RUSSELL, M.B. London: W. H. Everett, 34 Bouverie Street. 1878. Pp. 411. Duodecimo.

THIS small volume contains a great deal of matter, well digested and carefully put together. We have examined it with some care, and consider it a trustworthy guide to those who are far from medical advice, and thrown, for the time, on their own resources. But, as is almost inevitable, some things are absent which might have been in it, and others admitted which might safely have been left out. We quite admit the propriety of reserving syphilitic and other affections of the same category for a separate appendix; but there is no reason that we see for excluding the ordinary complaints peculiar to women. On the other hand, *locomotor ataxy* and *progressive muscular atrophy* are not affections which are either likely to occur or to be satisfactorily treated at a distance from skilled professional advice. The last remark is applicable to some diseases of the eye, which ought certainly to justify a long journey under difficulties to the nearest seat of reliable skill. The danger is that persons reading a book like this may conceive themselves competent to deal with cases which demand a complete medical education and the experience of years—illustrating the wise saying, that “a little knowledge is a dangerous thing.”

While commending the author for the merit of his book, which is very considerable, we must demur to his remark, that “at present there seems to be no simple reliable handbook of medicine for ordinary use,” because we cannot imagine any book of the kind superior to that which bears the honoured name of the late eminent and judicious Dr James Warburton Begbie.

Part Third.

PERISCOPE.

MONTHLY RETROSPECT OF OBSTETRICS AND GYNÆCOLOGY.

By ANGUS MACDONALD, M.D.

REPOSITION OF THE INVERTED UTERUS.—In the October number of the *New York Medical Journal*, Dr J. Byrne describes an